Amendments to the Specification

Please replace the paragraph at page 5, lines 7 through 11 with the following amended paragraph:

BRIEF DESCRIPTION OF THE FIGURES

The Figure represents the catalytic iron content (nmol/mg urinary creatinine) in urine obtained from humans with no kidney disease (control), with diabetic microalbuminuria (DM Micro), diabetic (DM) proteinuria, glomerulonephritis (GM) (GN) and ischemic nephrophathy.

Please replace the paragraph at page 8, lines 7 through 9 with the following amended paragraph:

$$\Theta_{2-} \underline{O_2}^- + Fe^{3+} \rightarrow O_2 + Fe^{2+}$$

$$\underline{Fe^{2+}} + \underline{H_2O_2} \rightarrow Fe^{3+} + \underline{OH^{\bullet}} + \underline{OH^{\bullet}}$$

$$\Theta_{2-} \underline{O_2}^- + \underline{H_2O_2} \rightarrow O_2 + \underline{OH^{\bullet}} + \underline{OH^{\bullet}}$$

Please replace the paragraph at page 17, lines 8 through 17 with the following amended paragraph:

The phrase "reducing the severity" (also referred to herein as a reduction in the severity) when referring to a progressive kidney disease means any diminution, amelioration or decrease in progressive damage to the kidney that compromises the function of the kidney. Well-recognized indices to assess function of the kidney can be employed to determine a reduction in the severity of the kidney disease. These indices can include, for example, a reduction in protein content in urine, a reduction in blood urea nitrogen, a reduction in serum or plasma creatinine, a decline an increase in glomerular filtration rate, a delay in the onset of end-stage renal disease, or any combination thereof, compared to a sample obtained from the human prior to administering the iron chelator, or a control sample.

Please replace the Table 1 at page 36, lines 1 through 46 with the following amended Table 1:

Table 1: Urinary Catalytic Iron In Patients with Progressive Kidney Disease

Age/Sex/Race			Diagnosis	24 hr prot (mg/24 hrs)	Serum Cr (mg/dl)	CrCl (ml/min)	Catalytic Iron (Nmol/mg creatinine)
20	F	W	Membranous	8900	1.1	120.0	33.4
23	M	w	Membranous	4200	2.3	120.0	22.3
50	F	В	SLE	5000	1.9	57.0	90.7
51	F	В	SLE	5000	1.4	37.0	9.1
64	M	W	SLE	3700	0.9		11.0
45	F	w	SLE	3700	0.6		69.0
38	F	В	SLE	6843	4.4		70.0
38	F	В	FSGS	5000	2.6		52.7
7	M	W	FSGS	20790	2.1	30.6	48.6
15	F	B	FSGS	2360	0.8	110.2	43.7
14	F	В	FSGS	16350	2.3	38.6	17.3
32	M	В	FSGS	300	2.2	50.0	20.1
40	F	В	FSGS	5200	1.7		61.6
40	г М	W	FSGS	3200	2.1		28.0
40	M	w B	FSGS	15730	3.3	20.0	118.0
11	F	W	HSP	11120	0.6	139.3	26.1
<1 ·	г М	W		11120	0.7	139.3	84.2
		w B	HUS	830	1.6	58.4	19.1
16	M	В	IgA	2104	0.5	75.0	66.8
<1	M	В	MPGN	2104	3.8	75.0	43.0
54	M	***	MPGN	16260	3.8		106.0
40	M	W	MPGN	16260	5.9		5.4
65	F	W	Creacentic		3.9		48
Mean							7
SEM							22
Number							<0.0001
<u>P</u>			 -				<u> </u>
Ischemic Nephropathy							
45	F	W	Isch Neph		1.8		92.0
80	F	W	Isch Neph_		2.0		96.0
Mean							94.0
SEM							2.0
Nur	nber						2
P							<0.01

SLE: Systemic Lupus Erythematosus; FSGS=Focal Segmental Glomerulosclerosis; HSP=Henoch-Schonlein Purpura; HUS=Hemolytic Uremic Syndrome; MPGN=Membranoproliferative Glomerulonephritis; Isch Neph=Ischemic Nephropathy SLE, HPS HSP, HUS and Ischemic Nephropathy are secondary causes of renal disease. P compared to control value of 8.1 ± 1.4, n=23, using unpaired t test

Isch Neph=Ischemic Nephropathy prot=protein Cr=creatinine CrCl=creatinine Clearance